

BOND# _____

INDIANA DEPARTMENT OF INSURANCE
INSURANCE ADMINISTRATORS BOND
GOVERNMENTAL PLAN OR CHURCH PLAN

KNOW ALL PERSONS BY THESE PRESENTS: THAT _____
_____ as Principal, and _____ as Surety, a
corporation duly organized and doing business under and by virtue of the laws of the State of _____, and duly licensed for the
purpose of making, guaranteeing or becoming sole surety upon bonds or undertakings required or authorized by the laws of the State of
Indiana, as Surety, are held and firmly bound unto the Indiana Department of Insurance of the State of Indiana and assigns, jointly and
severally, firmly by these presents.

THE CONDITION OF THE FOREGOING OBLIGATION IS SUCH THAT:

WHEREAS, the above bounded principal has made application to the Indiana Department of Insurance for an Insurance Administrator's
license for the administration of a governmental plan or a church plan under Indiana Code IC 27-1-25-4(g), authorizing said principal to
engage in business under said section and amendments and additions thereto.

WHEREAS, under the terms of said Chapter a surety bond is required of said principal; and good and sufficient surety, payable to the
Indiana Department of Insurance of the State of Indiana and conditioned upon the faithful and honest conduct of business of insurance by
such principal, and subject to an action for damages on said bond that any person injured by the willful, malicious or wrongful act of the
principals;

AND WHEREAS, the above parties, the PRINCIPAL, has elected to give such surety bond with the SURETY;

NOW THEREFORE, the surety shall be obligated to pay the amount of the loss, not to exceed the amount of the bond, to the Indiana
Department of Insurance of the State of Indiana in the event that the PRINCIPAL fails to faithfully perform its obligation to insurers and
self-insurers, or fails to faithfully pay and perform each, every and all of its obligations to insurers and self-insurers.

IT IS FURTHER EXPRESSLY UNDERSTOOD AND AGREED BY AND BETWEEN THE PARTIES HERETO THAT THIS BOND
WILL RENEW ON A YEARLY BASIS (OR A TIME FRAME AGREED ON BY THE PARTIES), FROM THE TIME OF ITS
INCEPTION.

**NO CANCELLATION OF THIS BOND, WHETHER BY OR AT THE REQUEST OF THE PRINCIPAL OR BY THE
SURETY, SHALL TAKE EFFECT PRIOR TO THE EXPIRATION OF 30 DAYS AFTER WRITTEN NOTICE OF THE
CANCELLATION OF THIS BOND HAS BEEN FILED WITH THE INDIANA DEPARTMENT OF INSURANCE OF THE
STATE OF INDIANA UNLESS AN EARLIER DATE OF SUCH CANCELLATION IS APPROVED BY THE STATE OF
INDIANA, DEPARTMENT OF INSURANCE.**

Regardless of the number of claims or claimants hereunder the aggregate liability of _____
_____ shall not exceed _____ (\$ _____) Dollars.

NOTE: Please attach to this bond a properly certified copy of the Surety Company's Power of Attorney.

IN WITNESS WHEREOF, the undersigned has affixed its hand seal this _____ day of _____, 19____.

BY: _____
Type or print name of PRINCIPAL

Signature of PRINCIPAL

BY: _____
Type or print name of SURETY

Signature of SURETY

Subscribed and sworn to before me this
_____ day of _____, 20____.

(Notary Public)

(County of Residence)